Send To: Training Concepts
473 East 161st Place
South Holland, IL 60473

KEEP A COPY OF THIS ROSTER AND SEND A COPY TO TRAINING CONCEPTS!

American Heart Association Emergency Cardiovascular Care Program
Course Roster

*Please mark the type of class taught, and if applicable, strike through any modules that were **not** completed.*

- ☐ Healthcare Provider [Initial Renewal]
- ☐ Heartsaver CPR AED [Child CPR/AED Infant CPR Written Test]
- ☐ Heartsaver Adult First Aid [Written Test]
- ☐ Heartsaver Pediatric First Aid [A B C D E F]
- ☐ Family & Friends CPR
- ☐ Family & Friends First Aid
- ☐ Skills Testing [Healthcare Provider First Aid HS CPR AED]
- ☐ Bloodborne Pathogens
- ☐ Instructor Course (TCF ONLY) [BLS or HS] [New or Renewal]

Training Center Name _____**Training Concepts**_____

Course Location_____

Lead Instructor _____Card Exp. Date _____

Manikins Decontaminated by _____

Course Start Date/Time _____ Course End Date/Time _____ Total Hours of Instruction _____

Student-to-Manikin Ratio _____ Number of Cards Issued _____

Assisting Instructors* ***Attach copy of instructor cards for instructors aligned with other training centers.***

Name	Inst. Card Exp. Date	Module/Station	Name	Inst. Card Exp. Date	Module/Station

I verify this information is accurate and truthful and that it can be confirmed. This course was taught in accordance with 2010 AHA guidelines.

_____ _____ _____

Signature of Lead Instructor **Phone** **Date**